



DEPARTMENT OF DEVELOPMENT SERVICES
4701 West Russell Road, Las Vegas, NV 89118 * (702) 455-3000
**AMUSEMENT & TRANSPORTATION
SYSTEM PERMIT APPLICATION**

INSTALLATION ADDRESS:	APPLICATION NO.:
OWNER/OPERATOR:	APPLICATION DATE:
OWNER/OPERATOR ADDRESS:	BY:
QUALIFIED INDIVIDUAL:	
SYSTEM NAME:	

DESCRIPTION OF AMUSEMENT OR TRANSPORTATION SYSTEM OR DEVICE

☐ AMUSEMENT ☐ TRANSPORTATION ☐ OTHER

ATS SCOPE OF WORK:

_____ NEW INSTALLATION/ERECTION
_____ MAJOR MODIFICATION

COMMENTS:

DOCUMENTS ATTACHED:

_____ PLANS
_____ OPERATION/MAINTENANCE MANUAL
_____ MANUFACTURER'S DOCUMENTATION
_____ ENGINEERING ANALYSES (STRUCTURAL, MECHANICAL,
ELECTRICAL)
_____ SYSTEM COMPLIANCE SUMMARY

_____ PARCEL NUMBER _____ ZONE

_____ ZONING APPROVAL

_____ CIVIL ENGINEERING APPROVAL

_____ BUILDING APPROVAL

ISSUED BY:

DATE:

- FOR OFFICE USE ONLY -

VALUATION \$ _____

PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____
DATE: _____

OPERATION MANUAL REVIEW \$ _____

WATER IMPACT TAX \$ _____

MITIGATION FEE \$ _____

OTHER \$ _____

**I AGREE TO ERECT, CONSTRUCT, MAINTAIN AND OPERATE THIS
RIDE/DEVICE ACCORDING TO THE ABOVE DESCRIPTION, APPROVED
PLANS, OPERATOR'S MANUAL SPECIFICATION AND THE CLARK
COUNTY AMUSEMENT AND TRANSPORTATION RIDE CODE.
I ALSO AGREE TO CALL 455-3000 FOR REQUIRED INSPECTIONS.**

SIGNATURE OF OWNER/OPERATOR

DATE

CHECK: _____

TOTAL: \$ _____